

# COUNTY MEDICAL SERVICES PROGRAM

## NOTICE OF ACTION

### BENEFITS RESTRICTED TO EMERGENCY MEDICAL SERVICES

(COUNTY STAMP)

Case name: \_\_\_\_\_

Case number: \_\_\_\_\_

District: \_\_\_\_\_

Restriction of benefits for: \_\_\_\_\_

(Names)

Effective \_\_\_\_\_ you will be eligible for RESTRICTED CMSP benefits that will allow you to receive emergency medical services. You will soon receive a plastic Benefits Identification Card (BIC) in the mail. This card is good as long as you are eligible for CMSP. TAKE THIS CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction to any bodily organ or part. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

- ☐ Your application for restricted benefits has been approved.
- ☐ Your application for full CMSP benefits is denied. We have granted you, instead, eligibility for emergency medical treatment.

We are taking this action because you are an alien who:

- ☐ Does not have satisfactory immigration status according to information received from the Immigration and Naturalization Service (INS).
- ☐ Lacks documentary proof of satisfactory immigration status for CMSP purposes.
- ☐ Has been admitted to the United States as a nonimmigrant for a limited period of time.
- ☐ Since your income was more than the amount allowed for living expenses, you have a share-of-cost you must pay or obligate to pay toward the costs of medical care received. Your share-of-cost is \$\_\_\_\_\_ beginning \_\_\_\_\_. Your share-of-cost was computed as follows:

Gross Income	\$ _____
Net Nonexempt Income	\$ _____
Maintenance Need	\$ _____
Excess Income/Share-of-Cost	\$ _____

Take your plastic card with you each time you receive medical care. The amount that you must pay or obligate to pay to the providers will be automatically computed. After your total share-of-cost has been paid or obligated you will not have to pay for medical services received that month from Medi-Cal providers.

This action is required by California Code of Regulations, Title 17, Section(s) 1498 et seq.

If you have questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you. You must report all changes in your immigration status to us. A change in status may qualify you to receive full CMSP benefits rather than just restricted services.

Eligibility Worker

Phone

Date